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Bib Data Sheet

CONFIRMATION NO. 5203

| SERIAL NUMBER   | FILING OR 371(c)<br>DATE  | CLASS   | GROUP ART UNIT | ATTORNEY<br>DOCKET NO. |                                       |   |                                   |   |   |  |                                      |                                 |
|---|---|---|----------------|------------------------|---------------------------------------|---|-----------------------------------|---|---|--|--------------------------------------|---------------------------------|
| 10/762,715  | 01/22/2004<br>RULE  | 604   | 3767           | 10123/03601            |                                       |   |                                   |   |   |  |                                      |                                 |
| <b>APPLICANTS</b><br>Kristian DiMatteo, Waltham, MA;<br>Brett T. Haarala, Framingham, MA;<br><br>** CONTINUING DATA *****<br><br>** FOREIGN APPLICATIONS *****<br><br>IF REQUIRED, FOREIGN FILING LICENSE GRANTED<br>** 04/27/2004<br><br>Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and <u>Allowance</u><br>Acknowledged <u>Patrick J. Fay</u> <u>RA</u><br>Examiner's Signature Initials<br><br>STATE OR COUNTRY MA<br>SHEETS DRAWING 2<br>TOTAL CLAIMS 24<br>INDEPENDENT CLAIMS 2<br><br><b>ADDRESS</b><br>Patrick J. Fay, Esq.<br>FAY KAPLUN & MARCIN, LLP<br>Suite 702<br>150 Broadway<br>New York, NY 10038<br><br><b>TITLE</b><br>Valved catheter to bypass connector<br><br><table border="1"><tr><td rowspan="6"><b>FILING FEE<br/>RECEIVED</b><br/>842</td><td rowspan="6">FEES: Authority has been given in Paper<br/>No. _____ to charge/credit DEPOSIT ACCOUNT<br/>No. _____ for following:</td><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br/>time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table> |   |   |                |                        | <b>FILING FEE<br/>RECEIVED</b><br>842 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees | <input type="checkbox"/> 1.16 Fees ( Filing ) | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time ) | <input type="checkbox"/> 1.18 Fees ( Issue ) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Credit |
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